DUPLICATE

FORM L1-A Reporting For Calendar Year 2009

ANNUAL REPORT OF GOVERNMENTAL AFFAIRS AGENT



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Amendment

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P.O. Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)

Website: www.elec.state.nj.us

Name of G	overnmental Affairs Agent or Governmental	Affairs Agent Firm: ^		
MWW Gr	oup			
Business	One Meadowlands Plaza			
Address	6th Floor	<u> </u>		·
City	East Rutherford	Sta	te NJ	Zip Code <u>07073</u>
(Area Coo	de) Telephone Number			
. Provide	the following information regarding the Gov	vernmental Affairs Agent(s) on whose beh	alf this repo	rt is filed.
. Name	William P Murray			
Registra	tion Number <u>551-36</u>	Occupation or Business Executive V	ice Presid	ent
Business	Address One Meadowlands Plaza, 6th	Floor		
City Eas	st Rutherford	Sta	te NJ	Zip Code 07073
*(Area C	ode) Telephone Number 201-507-9500			
2. Name	Kevin Frechette			
Registrat	tion Number 551-35	Occupation or Business Sr. Vice Pres	sident/Ge	neral Manager
Business	Address 222 West State Street, Suite 3	306		
City Tre	enton	Stat	te NJ	Zip Code 08608
*(Area C	ode) Telephone Number 609-396-0067			
8. Name	Timothy White			
Registrat	tion.Number 551-44	Occupation or Business Vice Preside	ent	
Business	Address One Meadowlands Plaza, 6th			
	st Rutherford		te NJ	Zip Code 07073
*(Area Co	ode) Telephone Number 201-507-9500			
1 Name	Lori Price Abrams			
-	tion Number 551-49	Occupation or Business Vice Preside	ent	
_	Address 222 West State Streets, Suite	- '		
City Tre			te NJ	Zip Code 08608
	ode) Telephone Number 609-396-0067		<u> </u>	_ Zip code <u>oooto</u>

1. Provide the following information regarding the	Governmental Affairs Agent(s) on wh	nose behalf this rep	port is filed.
1. Name Mark Matzen (terminated at preser	nt)		
Registration Number 551-46	Occupation or Business Sr. V	ice President	
Business Address One Meadowlands Plaza, 6			
City East Rutherford		State NJ	Zip Code 07073
*(Area Code) Telephone Number 201-507-950			
2. Name Jeffrey Meyer (terminated at prese	nt)		
Registration Number 551-	Occupation or Business Vice	President	
Business Address 222 West State Street, Suit			
City Trenton		State NJ	Zip Code 08608
*(Area Code) Telephone Number 609-396-006			
3. Name			
. Registration Number	Occupation or Business		
Business Address			
City		State	Zip Code
*(Area Code) Telephone Number			
4. Name			,
Registration Number			
Business Address			
			Zip Code
*(Area Code) Telephone Number			

^{*}Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

Note: For ea	ch Represented Entity, Form L-2 must be filed.			
1. Name of Rep	resented Entity Adams, Rehmann & Heggan Associates			
Business Address	850 South White Horse Pike			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Hammo	nton Si	tate	NJ	Zip Code 08037
Type of Busines	s Engineering, surveying & environmental sciences			
2. Name of Rep	resented Entity Association of Jewish Federations			
Business Address	901 Route 10	_	 	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Whippar	ny Si	ate	NJ	Zip Code 07981
Type of Busines	s Advocacy			
3. Name of Rep	resented Entity Catholic Charities of the Archdiocese of Newark			
Business Address	1160 Raymond Boulevard	_		Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Newark	S1	ate	NJ	Zip Code 07102
Type of Busines	s Health-care and social service affiliate supporting the Roman C	ath	olic	Archdiocese of Newark
4. Name of Rep	resented Entity International Federation of Professional & Technica	l En	gir	neers, Local 196
Business Address	895 Green Street			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City <u>Iselin</u>		ate	NJ	Zip Code 08830
Type of Busines	A Union representing union professionals	_		
5. Name of Rep	resented Entity International Specialty Products			
Business Address	1361 Alps Road	_		Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Wayne	St	ate	NJ	Zip Code 07470
Type of Busines	s Developer, manufacturer and supplier of innovative specialty i	ngre	edi	ents

	DENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY ollowing information concerning those Represented Entities who have de	esignat	ed th	nis report to include their activity.
Note: For eac	h Represented Entity, Form L-2 must be filed.			
1. Name of Repr	esented Entity Lighting Science Group			
Business Address	120 Hancock Lane			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Westham	pton	State	NJ	Zip Code <u>08060</u>
Type of Business	LED Lighting Company			
2. Name of Repr	esented Entity Mack-Cali Realty Corporation	·		
Business Address	343 Thornall Street			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying
			L_	activity for this entity.
City Edison	· .	State	NJ	Zip Code <u>08837</u>
Type of Business	Commercial Real Estate Trust			
3. Name of Repr	esented Entity Municipal Coalition for the Susquehanna-Rosela	nd_		
Business	c/o Catherine Tamasik @ DeCotiis, Fitzpatrick, Cole & Wisler		•	Check if communication with the general public ("Grassroots
Address	500 Frank W. Burr Blvd, Suite 31			Lobbying") was the only lobbying activity for this entity.
City Teaneck	·	State	NJ	Zip Code <u>07666</u>
Type of Business	Coalition of Municipalities		_	
4. Name of Repre	esented Entity NJ Cure/NJ Pure	_		
Business	214 Carnegie Center			Check if communication with the general public ("Grassroots
Address	Suite 101			Lobbying") was the only lobbying activity for this entity.
City Princeton		State	NJ	Zip Code <u>08540</u>
Type of Business	Auto insurance/medical malpractice insurance			
5. Name of Repre	esented Entity			
				Check if communication with the
Business Address				general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City		State		Zip Code
Type of Business		_		
	•			
	·			

,	D ENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVE following information concerning those Represented Entities who have		ed th	nis report to include their activity.	
Note: For eac	th Represented Entity, Form L-2 must be filed.				
1. Name of Repr	esented Entity Parsons Advanced Technologies				
Business	3100 Princeton Pike			Check if communication with the general public ("Grassroots	
Address	Building 2, 3rd Floor			Lobbying") was the only lobbying activity for this entity.	
City Lawrence	eville	State	NJ	Zip Code <u>08648</u>	
Type of Business	Engineering & construction organization				
2. Name of Repr	esented Entity Princeton Healthcare System		_		
Business	253 Witherspoon Street			Check if communication with the general public ("Grassroots	
Address	· · · · · · · · · · · · · · · · · · ·			Lobbying") was the only lobbying activity for this entity.	
City Princetor	1	State	ΝJ	Zip Code 08540	
Type of Business	Provider of Heathcare services				
3. Name of Repr	esented Entity Qualcare, Inc.				
{	30 Knightsbridge Road			Check if communication with the general public ("Grassroots	
Business Address				Lobbying") was the only lobbying activity for this entity.	
City Piscatawa	ау	State	NJ	Zip Code <u>08854</u>	
Type of Business	Managed care provider/Health Insurance				
4. Name of Repr	esented Entity Ramapo College of New Jersey				
Business	505 Ramapo Valley Road			Check if communication with the general public ("Grassroots	
Address				Lobbying") was the only lobbying activity for this entity.	
City Mahwah		State	ИJ	Zip Code 07430	
Type of Business	Continued Educational Facility/College University				
5. Name of Repr	esented Entity Salem County				
Business	164 Route #45			Check if communication with the general public ("Grassroots	
Address	· · · · · · · · · · · · · · · · · · ·	· 		Lobbying") was the only lobbying activity for this entity.	
City Salem		State	ИJ	Zip Code 08079	
Type of Business	County Government Agency				
				·	

	DENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY ollowing information concerning those Represented Entities who have design.	gnat	ed tl	his report to include their activity.
Note: For eac	ch Represented Entity, Form L-2 must be filed.			
1. Name of Repr	esented Entity Stavola Companies			
Business Address	175 Drift Road			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City Tinton Fa	ills s	State	NJ	Zip Code 07724
Type of Business	Asphalt & Recycling materials, construction materials, contrac	ting	& r	eal estate
2. Name of Repr	esented Entity St. Vincent Medical Center of NY			
Business Address	450 W 33rd Street			Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City New York	· · · · · · · · · · · · · · · · · · ·	tate	NY	Zip Code 10001
	Healthcare facility			
3. Name of Repr	esented Entity Stephen Samost, Esq.			
Business	479 Centennial Blvd.			Check if communication with the general public ("Grassroots
Address		_		Lobbying") was the only lobbying activity for this entity.
City Voorhees	ss	tate	NJ	Zip Code <u>08043</u>
Type of Business	Law Firm			
4. Name of Repr	esented Entity Tierra Solutions, Inc.			
Business	Two Tower Center Blvd.			Check if communication with the general public ("Grassroots
Address	Floor 10		L	Lobbying") was the only lobbying activity for this entity.
City East Brun	swick s	tate	NJ	Zip Code 08816
Type of Business	Corporate Holding Company			
5. Name of Repr	esented Entity Village of Loch Arbour		_	
Business	550 Main Street			Check if communication with the general public ("Grassroots
Address		[<u>. </u>	Lobbying") was the only lobbying activity for this entity.
City Loch Arbo	our s	tate	NJ	Zip Code <u>07711</u>
Type of Business	Town Government Agency			
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2a. OTHER REPRESENTED ENTITIES	Downson de Franke
Provide the following information concerning other	er Represented Entites.
A November of Programme of Frankling	·
Name of Represented Entity	Check if communication with the
Business	1 15 00
Address	Lobbying") was the only lobbying
City	State Zip Code
Type of Business	
2. Name of Represented Entity	
	Check if communication with the
Business Address	general public ("Grassroots Lobbying") was the only lobbying
	activity for this entity.
City	State Zip Code
Type of Business	
3. Name of Represented Entity	Check if communication with the
Business	
Address	Lobbying") was the only lobbying
City	State Zip Code
Type of Business	
4. Name of Represented Entity	
The state of the s	Check if communication with the
Business	general public ("Grassroots
Address	Lobbying") was the only lobbying activity for this entity.
City	State Zip Code
Type of Business	
5. Name of Represented Entity	Check if communication with the
Business	1 11 11 11
Address	Lobbying") was the only lobbying
City	State Zip Code
Type of Business	
	•

SCHEDULE A
1. Did any Governmental Affairs Agent named in this Annual Report serve as a member of:
> any independent State authority;
> any county improvement authority;
> any municipal utilities authority;
> any inter-State or bi-State authority as a member from New Jersey; or,
any board or commission established by statute or resolution, or by executive order of the Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State?
No If "no," continue on to the next question. Yes If "yes," please provide the following information:
Name of Governmental Affairs Agent
Name of Authority, Board, or Commission
Date When Term of Service Expires
\cdot
Name of Governmental Affairs Agent
Name of Authority, Board, or Commission
Date When Term of Service Expires
Name of Governmental Affairs Agent
Name of Authority, Board, or Commission
Date When Term of Service Expires
Name of Governmental Affairs Agent
Name of Authority, Board, or Commission
Date When Term of Service Expires
 Did all Governmental Affairs Agent(s) named in this Annual Report file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?
Yes If "yes," continue on to Schedule B. No If "no," please file the necessary reports immediately.

SCHEDULE B-SALARY & COMPENSATION

PURPOSE: To report the salary and compensation paid to the Governmental Affairs Agents on whose behalf this report is filed. Include the reimbursement of an Agent's expenses in amounts reported.

NOTE: Only the pro rata share of each Governmental Affairs Agent's salary and compensation need to be included if the Agent spends only a portion of his/her time on lobbying activity.

0.00
137,837.00
10,750.00
30,750.00
32,612.00
9,552.00
221,501.00

SCHEDULE C - SUPPORT PERSONNEL

PURPOSE: To report the costs of support personnel who, over the course of the reporting year, individually spend 450 or more hours supporting the activities of the Governmental Affairs Agent(s).

After determining to which person(s) this applies, report the pro rata share of those costs which are attributable to supporting the activities of the Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

SCHEDULE C TOTAL \$	36,593.00

NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS

SCHEDULE E - COMMUNICATION EXPENSES

PURPOSE: To report the costs of the preparation and distribution of materials related to influencing legislation, regulations, governmental processes, and conducting communications with the general public.

EXPENSE		AMOUNT
Printed Materials	· \$	6,819.66
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet		85.59
Postage		166.64
Telephone, Telegram, Facsimile		194.37
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)		0.00
Other (please describe):		
SCHEDULE E TO	OTAL \$	7,266.26
SCHEDULE F - TRAVEL/LODGING PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents on whose behalinfluencing legislation, regulations, governmental processes, or communicating with the	If this report is file	ed related to
NAME OF GOVERNMENTAL AFFAIRS AGENT		AMOUNT
Kevin Frechette		
Timothy White	\$	1,430.39 750.59
SCHEDULE F TO	DTAL \$	2,180.98

SCHEDULE G-1

ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS

PURPOSE: To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$2S per day or \$200 per calendar year, report below.

(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)

Name of Benefit Recipient _	N,	/A		
Date	Description		Amount \$	
Name and Address of Payee Name	:/Vendor			
			Zip Code	
If benefit was reimbursed, p Date	lease report the date, the desc	cription, and the amoun	t of the reimbursement.	
Description				•
				•
Date				
Name and Address of Payee Name	:/Vendor			·
				•
City			Zip Code	
If benefit was reimbursed, p Date	lease report the date, the desc Amount \$		t of the reimbursement.	
Description				
Name of Benefit Recipient				
Date				
Name arid Address of Payee Name				
Address :				
City			Zip Code	
If benefit was reimbursed, p Date	lease report the date, the desc Amount \$	ription, and the amoun	t of the reimbursement.	
Description				
Name of Benefit Recipient				
Date				
Name and Address of Payee.	/Vendor			
Address				
			Zip Code	
	lease report the date, the desc	ription, and the amoun		
Date	Amount \$			

SUMMARY OF BENEFIT PASSING

PURPOSE: To report the total amount of providing benefits to State officials covered by the Act and their immediate family members.

		SCHEDULE G-1*		SCHEDULE G-2**		AMOUNT
Entertainment	\$_	0.00	+\$	0.00	= \$	0.00
Food and Beverage	_	0.00	+ .	0.00	=	0.00
Travel	_	0.00	+ .	0.00	=	0.00
Lodging .	_	0.00	+ .	0.00	=	0.00
Honoraria	_	0.00	+	0.00	=	0.00
Loans		0.00	+	0.00	=	0.00
Gifts	_	0.00	+ .	0.00	=	0.00
Other (specify)	_	0.00	+ .	0.00	=	0.00
Total	\$_	0.00	+\$	0.00	=\$	0.00

SCHEDULE G-1 AND SCHEDULE G-2 TOTAL

^{**} Enter, by category, the value of benefit passing where the expenditure did NOT exceed the \$25/day or \$200/calendar year thresholds.

ENTER THE TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.	
DO <u>NOT</u> DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.	i

0.00

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	267,541.24
4. Travel and Lodging	Schedule F Total	2,180.98
3. Communication Expenses	Schedule E Total	7,266.26
2. Support Personnel .	Schedule C Total	36,593.00
1. Salary and Compensation	Schedule B Total	\$ 221,501.00

^{*} After completing all entries on Schedule G-1, provide totals by category.

RECEIPTS TABLE

PURPOSE: To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public

NOTE: Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.

REPRESENTED ENTITY	AMOUNT
Adams, Rehmann & Heggan Associates	\$ 5,000.00
2. Association of Jewish Federations	48,252.00
3. Catholic Charities of the Archdiocese of Newark	60,000.00
4. International Federation of Professional & Technical Engineers, Local 196	36,000.00
5. International Specialty Products	7,963.00
6. Lighting Science Group	63,000.00
7. Mack-Cali Realty Corporation	30,000.00
8. Municipal Coalition	25,000.00
9. NJ Cure/NJ Pure	60,000.00
10. Parsons Advanced Technologies	125,000.00
11. Princeton Healthcare	57,000.00
12. Qualcare, Inc.	25,200.00
13. Ramapo College of New Jersey	27,000.00
14. Salem County	36,000.00
15. Stavola Companies	13,358.00
16. St. Vincent Medical Center of NY	30,000.00
17. Stephen Samost, Esq.	6,944.00
18. Tierra Solutions, Inc.	14,400.00

TOTAL RECEIPTS	\$

RECEIPTS TABLE

PURPOSE: To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public.

NOTE: Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.

REPRESENTE	EDENTITY		AMOUNT
1. Village of Loch Arbour			\$ 10,000.00
2.			
3.			
4.			
5.			
6.			_
7.	·		
8.			
9.			
10.			
11.		<u>-</u>	
12.		<u> </u>	
13.	.		
14.			
15.			
16.	-		
17.			
18.	•		
		TOTAL DECEME: A	690 117 00
		TOTAL RECEIPTS \$	680,117.00
New Jersey Election Law Enforcement Commission	Page 14 of 15		Form L1-A Revised Oct. 2009

certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully			CERTIFICATIO	ON	
(print name) hereby certify that I am duly authorized by MWW Group (print name of firm) o file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009 certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully alse, I may be subject to punishment.					alf, or by th
hereby certify that I am duly authorized by MWW Group (print name of firm) o file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009 certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully alse, I may be subject to punishment.	, <u>William P Murra</u>	ау			
(print name of firm) of file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009 certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully alse, I may be subject to punishment.			(print name)		
(print name of firm) o file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009 certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully alse, I may be subject to punishment.	hereby certify tha	t I am duly authorized	by		
o file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009 certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully alse, I may be subject to punishment.	MWW Group				
certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully alse, I may be subject to punishment. 2/18/2010		(pri	int name of firm)		
certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully alse, I may be subject to punishment. 2/18/2010					
Signature Date				2/18/2010	
		Signature	· · · · · · · · · · · · · · · · · · ·	Date	
				•	
·					